

PHP25

HEALTH-RELATED QUALITY OF LIFE ASSESSMENT IN PHARMACEUTICAL CARE: EVALUATING PHARMACIST'S KNOWLEDGE, UNDERSTANDING AND PERCEIVED BARRIERS IN PHARMACY PRACTICEChandak P¹, Wu WK², Pantaleo N³¹St. John's University, Queens, NY, USA, ²St. John's University, Queens, NY, USA, ³Jamaica Hospital Medical Center, Jamaica, NY, USA

OBJECTIVES: Considerable evidence of the positive impact of pharmaceutical care services on patient's HRQoL outcomes has been reported. However, the implementation of HRQoL assessment in routine pharmaceutical care has been limited. This study aimed to assess the relevance of and challenges in the application of HRQoL evaluation in the provision of pharmaceutical care. **METHODS:** A self-administered survey of pharmacist was conducted during a regional continuing education program in New York metropolitan area. 83 pharmacists working mainly in community setting participated in the study. **RESULTS:** Majority of the respondents were male (81.9%), with extended (>16 years) practice experience (65.1%). More than 78.3% of respondents indicated that HRQoL measures could be a useful tool to assess patient's health status. 55% of the respondents agreed that positive results of HRQoL evaluations could help in obtaining reimbursement for pharmaceutical care services. However, about 70% reported no familiarity with instruments such as SF-36/12, EuroQOL, or FACT. Respondents rated clinical activities such as patient outcomes evaluation and designing a therapeutic monitoring plan as less important in the provision of pharmaceutical care compared to conventional activities ($p < 0.05$). Those who reported better understanding about pharmaceutical care tend to report greater knowledge regarding HRQoL outcomes assessment. ($p < 0.05$) More than half reported difficulty in choosing appropriate HRQoL instruments (56.6%) and challenges in interpreting HRQoL results (54.5%) as major barriers. About 84.6% of the respondents indicated willingness to learn more about HRQoL assessment to address such issues. **CONCLUSIONS:** Study respondents recognized the positive implications of HRQoL evaluations in practice. Incorporating HRQoL measures in practice could facilitate better understanding of the focus of pharmaceutical care among practitioners. However, further training and education is required by a pharmacist to implement HRQoL evaluation. Further research to include the perception of pharmacists from different practice settings and recent PharmD graduates is warranted.

PHP26

DEVELOPING A MEASURE OF PATIENT EMPOWERMENT TO BE APPLIED IN THE GENERAL COMMUNITY

Loukanova S, Bridges JFP

University of Heidelberg, Heidelberg, Germany

Patient empowerment has become a hot topic in academic medicine in recent years, however, most measures of empowerment are disease specific, and often focus a particular issue such as communication. There is a real need to develop measure of patient empowerment that is both holistic and can be applied to a general population. **OBJECTIVES:** To identify a holistic and grounded conceptual model of empowerment that can serve as a foundation for the development of a scale to measure patient empowerment in the general community. **METHODS:** An extensive literature review was used to review all MEDLINE articles on empowerment over the past 20 years in order to: 1) define what patient empowerment is and how it has been used in literature, and 2) what factors define patient empowerment. Based on the results of this review, a draft conceptual model was developed and validated by a purposively selected group of experts

selected from a range of professional backgrounds in medicine. **RESULTS:** In total 20 experts from 6 different countries participated, who suggested a range of improvements on the conceptual model. They also suggested a number of methods to both measure preference and identify if patient, in fact, had a preference for being empowered. Our study found that patient empowerment can be measured over eight domains, categorized into two main groups: human capital (knowledge; health status/outcomes; literacy; and ownership and responsibility) and health care system resources (access; advocacy; joint decision making and capacity and willingness to engage patients). **CONCLUSIONS:** This paper demonstrates that patient empowerment is indeed multi-faceted. Future research will focus on developing a scale to measure patient empowerment and to determine whether patients have preferences to be empowered.

PHP27

CLUSTER ANALYSIS OF STATE MEDICAID PROGRAMS

Roy S, Madhavan SS

West Virginia University, Morgantown, WV, USA

OBJECTIVES: Policy makers and Medicaid administrators often attempt to replicate cost containment strategies that have worked in apparently similar states. Such measures result in varied degrees of success owing possibly to not-so-obvious differences between the states' characteristics and determinants of prescription drug expenditure. This study attempts to identify homogenous groups (or clusters) of state Medicaid programs based on variables that describe such characteristics, drug expenditures and their determinants. **METHODS:** Variables were identified following Andersen's Behavioral Model for Health Services Utilization. Latest available data (2002) were obtained for the above variables from public data sources for 48 fee-for-service state Medicaid programs. Hierarchical Cluster Analysis technique was employed to identify optimum number of homogeneous groups of states by minimizing within-group variation and maximizing between-group variation. Optimum number of clusters was identified based on the values of the R-squared (RSQ), cubic clustering criterion (CCC), and pseudo F (PSF) statistics. Following identification of optimum number of clusters, cluster memberships were assigned and variables that defined cluster characteristics were identified. **RESULTS:** The first step identified seven clusters to appropriately classify the 48 state Medicaid programs; RSQ = 68.6%, CCC = 2.0, and PSF = 14.9. The second step assigned cluster memberships ranging from 2 to 15 member states in a cluster. Key variables which described the differences in cluster characteristics were: poverty levels ($p = 0.024$), access to primary care ($p = 0.000$), access to hospitals ($p = 0.025$), Federal matching for state drug expenditure ($p = 0.044$), budgetary support for healthcare ($p = 0.000$), drug expenditures ($p = 0.043$), and medical services expenditures ($p = 0.000$). **CONCLUSIONS:** Identified clusters and their membership were not restricted to the commonly considered criteria of geographic proximity, socioeconomic characteristics, or program expenditure levels. Hence, knowledge of these groups, their membership, and the key variables that characterize them can further inform decision-making resulting in implementation of more cost-effective policy measures for Medicaid.

PHP28

THE EFFECT OF HIGH-RISK MEDICATIONS ON VISIT TIME WITH PHYSICIANS: RESULTS FROM THE NAMCS SURVEYJohn EJ¹, Farris K¹, Brooks JM²¹University of Iowa, Iowa City, IA, USA, ²USRDS Economic Special Study Center, The University of Iowa, Iowa City, IA, USA